	NEW LICENSE	
	RENEWAL LICENSE	
APPLICATION #		



DATE RECEIVED	
RECEIPT NUMBER	
AMOUNT PAID	

APPLICATION FOR LICENSE TO ERECT AND MAINTAIN SIGNS

COVERING THE PERIOD OF JANUARY 1, 20____ THROUGH DECEMBER 31, 20____

PLEASE TYPE OR PRINT. Complete the entire application. You may attach supporting documents if needed, but you must still complete all questions and submit all required documents at the time of application; or your application will be deemed incomplete and will not be processed.

Name (Last, First, Middle):			Other names under which you may have			
Home Address:		City, State & Zip:	used:			
Social Security Number:	Home Phone:	Work Phone:	Other Phone:			
Federal ID Number:	State ID Number:	Date of Birth:				
Name of Business:						
Business Address:		City, State & Zip:				
Business Phone Number:						
THE FOLLOWING ITEMS MUST BE CO	OMPLETE AND/OR AC	COMPANY THE COMPLE	TED APPLICATION			
1. Length of Residence						
State						
City						
Past experience in erecting and maintaining signs						
Where						
How Long						
2. License Fee: \$55.00 per year \$70.00 (late renev	val after December 31)					
3. Bond - \$1000.00 (made payabl			esota Sign Contractor bond			
4. If employer, proof of worker's of	compensation coverage	e (Minnesota Statute 176.)	182)			
Make check or money order payab 135,	le to City of Rochester 201 4 th Street SE, Roc		e of the City Clerk, Room			
I hereby certify that the information policy belief, and that the Common Council of provided in determining whether or n	of the City of Rochester	may rely on the accurac				
Signature of Applicant		Date of a	oplication			
	FOR OFFICE U	SE ONLY				
Building Safety Approval		Date				

RIGHTS OF SUBJECTS OF GOVERNMENT DATA LICENSE AND PERMIT DATA "TENNESSEN WARNING"

In accordance with the Minnesota Government Data Practices Act, the City of Rochester is required to inform you of your rights as they pertain to the information collected about you. Public information is that information which is available to the general public; Private information is that information which is available to you, not to the public: and confidential information is that information which is not available to you or the public. The information we collect from you is either public or private. The separation of that information is as follows:

PUBLIC – NAME AND ADDRESS OF APPLICANT(S) AT THE TIME OF APPLICATION PRIVATE – SOCIAL SECURITY INFORMATION, BIRTH DATE INFORMATION (MS 13.355 & 13.37(a))

The information collected and required from you is to determine your eligibility for a City of Rochester License or Permit. If you do not supply the required information, the City of Rochester will not be able to determine your eligibility.

The dissemination and use of the private data we collect is limited to that necessary for the administration and management of the deferred assessment program. Persons or agencies with whom this information may be shared include:

CITY, COUNTY, AND STATE PERSONNEL INVOLVED IN DETERMINING YOUR ELIGIBILITY, CONTRACTED PUBLIC AUDITORS, AND THOSE INDIVIDUALS TO WHOM YOU GIVE YOUR EXPRESS WRITTEN PERMISSION.

Unless otherwise authorized by state statute or federal law, other government agencies utilizing the reported private data must also treat the information private.

You may wish to exercise your rights as contained in the Minnesota Government Data Practices Act. These rights include:

THE RIGHT TO SEE AND OBTAIN COPIES OF THE DATA MAINTAINED ON YOU.
THE RIGHT TO BE TOLD THE CONTENTS AND MEANING OF THE DATA.
THE RIGHT TO CONTEST THE ACCURACY AND COMPLETENESS OF THE DATA.

1	o exercise these rights,	contact the Cit	y Clerk's Office,	Room135, City	v Hall, Rocheste	r, Mn. 55904	
	*********	********	*********	******	*********	******	****

I HAVE READ AND UNDERSTAND THE ABOVE INFORMATION REGARDING MY RIGHTS AS A SUBJECT OF GOVERNMENT DATA.

(Signature of Data Subject)	(Date)

White Copy - City Clerk's Office

Buff Copy - Applicant